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Bib Data Sheet

CONFIRMATION NO. 8506

SERIAL NUMBER 10/687,327	FILING DATE 10/16/2003 RULE	CLASS 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. KCX-842 (19559)	
APPLICANTS RameshBabu Boga, Roswell, GA; John Gavin MacDonald, Decatur, GA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/21/2004					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>V. L. S.</i> Initials <i>VLS</i>	STATE OR COUNTRY GA	SHEETS DRAWING 3	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
ADDRESS 22827 DORITY & MANNING, P.A. POST OFFICE BOX 1449 GREENVILLE , SC 29602-1449					
TITLE Method and device for detecting ammonia odors and helicobacter pylori urease infection					
FILING FEE RECEIVED 1076	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)			



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CONFIRMATION NO. 9987

SERIAL NUMBER 10/687,270	FILING DATE <i>10/16/2003</i> RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 18,971
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APPLICANTS

John Gavin MacDonald, Decatur, GA;

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Kevin Peter McGrath, Alpharetta, GA; Ramesh Babu Boga, Roswell, GA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/20/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	GA	4	22	4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

23556
 KIMBERLY-CLARK WORLDWIDE, INC.
 401 NORTH LAKE STREET
 NEENAH , WI
 54956

TITLE

Visual indicating device for bad breath

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit

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